

P11XSB01 (03-03)

Approved for use through 04/30/2013 (MMS 0651-0032
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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**Declaration
Submitted
With Initial
Filing

OR

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number

ROLL0503

First Named Inventor

ROLLINS, AARON

COMPLETE IF KNOWN

Application Number

Filing Date

Art Unit

Examiner Name

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**Method And Device For Utilization of a Stethoscope as a Neurological
Diagnostic Tool And Percussion tool**

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY):

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY):

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

(Page 1 of 2)


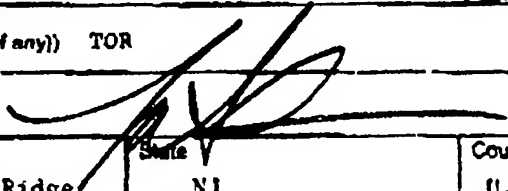
This collection of information is required by 37 CFR 1.15 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to be (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1480, Alexandria, VA 22313-1480. DC NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/> Customer Number or Bar Code Label		OR <input checked="" type="checkbox"/> Correspondence address below	
Name BENJAMIN APPELBAUM Ph.D.			
Address Attorney-At-Law 27 Bannington Dr			
City Flanders	State New Jersey	ZIP 07836	
Country U.S.A.	Telephone 973-927-3573	Fax 973-584-2621	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) AARON		Family Name or Surname ROLLINS	
Inventor's Signature 		Date 6/24/2003	
Residence: City Boca Raton	State FL	Country U.S.A.	Citizenship U.S.A.
Mailing Address 33 E. Camino Real Suite # 201			
City Boca Raton	State FL	ZIP 33432	Country U.S.A.
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) TOR		Family Name or Surname ALDEN	
Inventor's Signature 		Date 24 June 2003	
Residence: City Basking Ridge	State NJ	Country U.S.A.	Citizenship U.S.A.
Mailing Address 32 Granville Way			
City Basking Ridge	State NJ	ZIP 07920	Country U.S.A.
<input type="checkbox"/> Additional inventors or a legal representative are being named on the supplemental sheet(s) PTO/SB/01A or CB/P1 attached hereto.			

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	ROLLINS, AARON
Title	Method and device for ...
Art Unit	
Examiner Name	
Attorney Docket Number	ROLL0603

I hereby appoint:

☐ Practitioners at Customer Number

OR

☒ OR Practitioner(s) named below:

Name	Registration Number
BENJAMIN APPELBAUM	38,068

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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City

State

Zip

Country

Telephone

Fax

I am the

☒

Applicant/Inventor.

☐

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06).

SIGNATURE of Applicant or Assignee of Record

Name	AARON ROLLINS		
Signature			
Date	6-24-2003	Telephone	216-832-7905

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒

Total of 2 forms are submitted.

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**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	
Filing Date	
First Named Inventor	ROLLINS, AARON
Title	Method and device for ...
Art Unit	
Examiner Name	
Attorney Docket Number	ROLL0603

I hereby appoint:

☐ Practitioners at Customer Number

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☒ Practitioner(s) named below:

Name	Registration Number
BENJAMIN APPELBAUM	38,068

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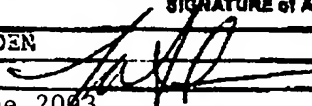
Telephone

Fax

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 1.71.
Statement under 37 CFR 1.73(b) is enclosed. (Form PTO/SB/90)

SIGNATURE of Applicant or Assignee of Record

Name	TOR ALDEN
Signature	
Date	24 June 2003
Telephone	908-766-1067

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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